to the Management that they should establish a well equipped hospital complete with all facilities in thte first instance.

2913. *[Transferred to* th$_e$ 20th *August,* 1992].

Prevention of asthama

2914. SHRI B. K. HARIPRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state-.

(a) whether Government's attention ha$_s$ been drawn to the article which appeared in the Hindustan Times of 4th July, 1992 by Neelam Mathews on the subject of Asthama;

(b) if so, Government's reaction thereto;

(c) th$_e$ number of people who are affected by Asthama State-wise and sax-wise, including children indicating the loss of productivity of these affected persons;

(d) whether any surveys have been conducted and results tabulated for ready reference and use by our various R and D' units and if so, salient features thereof; and

(e) whether Government have any plans to educate th$_e$ people on the preventive side and if so, what are the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THAR A DEVI SIDDHART-HA): (a) Yes, Sir.

(b) to (e) No statistics are specifically maintained regarding th$_e$ Asthama patients in the country. However, a statement showing cases and deaths due to Bronchitis, chronic and unspecified emphysema and Asthama in various States/UT$_S$ of India during the years 1987 to 1090 is enclosed as Annexure. [See Appendix CLXIV, Annexur© No. 46]. Patients who seek treatment are guided about the pfe- cautions to be taken to prevent asthama from causative agents and allergens.

नकली औषधि घोटाला

2915. **श्री गोपाल सिंह जी० सोलंकी :** क्या **स्वास्थ्य और परिवार कल्याण** मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या अखिल भारतीय आयु-विज्ञान संस्थान में हुए नकली औषधि घोटाले की जांच करने के लिए नियुक्त की गई तकनीकी समिति ने सरकार को अपना प्रतिवेदन प्रस्तुत कर दिया है ;

(ख) यदि हां, तो उसका ब्यौरा क्या है ; और

(ग) इस संबंध में क्या कार्यवाही की जा रही है ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती डी० के० तारादेवी सिद्धार्थ) : (क) से (ग) जांच अभी चल रही है ।

Kala Azar in Bihar

2916. SHRIMATI SARALA MAHE-SHWARI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it i$_s$ a fact that Kala Azar in Bihar has been on the rise;

(b) if so, what is th$_e$ number of mortality and morbidity during the past three years, State-wise;

(c) whether available health facilities have failed to arrest the spread of this disease if so, what are the specific reasons therefor; and

(d) what are the measures taken/ proposed to be taken to improve the availability of medicines and prevention of the epidemic?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THAR A DEVI SIDDHAR-THA): (a) Yes, Sir.

(b) As per reports received from the State Governments the State-wise mortality and morbidity due tc Kala-azar during the past three years is as under: —

State	1989		1990		1991	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Bihar	30903	477	54650	589	59292	865
West Begal	3573	20	3037	16	2030	3
Uttar Pradesh	2	0	8	1	24	1
Assam	3	0	2*	..	..	..

*** Imported from Bihar.**

Delhi, Maharashtra, Karnataka and Tamil Nadu have also reported Kala-azar eases that are imported from Bihar and treated in these States/U.T.

(c) According to the reports received from the State Governments, *the* available health facilities are being strengthened to arrest the spread of kala-azar. Staff at various levels have been identified and diagnostic and treatment facilities at peripheral level are also being augmented.

(d) The following measures have been taken/proposed to be taken to prevent epidemic of Kala-azar;

(1) Regular monitoring of the supply and production of anti-Kala-Azar drugs, viz., Sodium,Antimony Gluconate (SAG) by Central and State Governments. It has been impressed upon the manufacturers to increase the production and M'/s Indian Drugs and Pharmaceutical Limited, a Public Sector Undertaking has also indicated that it will endeavour to supply SAG initially at the rate of 20,000 vials per month.

(2) Government has allowed import of Gluconic Acid and Tartaric Acid—the two important ingredients required for manufacture of SAG to the indigenous manufacturers.

(3) Adequate quantities of both indigenous Sodium Stibo Gluconate and imported Pentamidine Isothio-na'te are being made available to the State Governments.

(4) Orientation and Training of Medical and Paramedical Personnel for early detection and treatment of Kala-azar cases.

(5) Intensification of Health Education activities for disease prevention.

(6) Interruption of transmission through vector control by underta king residual insecticidal spray in affected areas with two rounds of DDT.

Expenditure on health

2917. SHRI KAMAL MORARKA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the percentage of Gross Domes tic Production spent on health in 1990 and at present;

(b) the per capita expenditure on health for the above years;

(c) how the same compares with that of USA, France, Japan and the U.K.;